



HOUSING REHABILITATION CONTRACTORS NEEDED

The Town of Blacksburg is seeking contractors to perform housing rehabilitation related work for the Roanoke-Lee Street Neighborhood as part of a Community Development Block Grant project. The town, under a \$1,000,000 contract with the Virginia Department of Housing and Community Development, is beginning the process of rehabilitating approximately twenty homes in the project area. All contractors interested in participating in this program must complete a Pre-qualification Statement and show proof of insurance and state license, Class B or higher, to be eligible to bid on any work associated with the project. Minority and female owned contracting businesses are encouraged to submit qualifications to be included on the bid list. Pre-qualification forms and additional information may be obtained from the Town of Blacksburg at:

Darren Coffey, Project Manager
Town of Blacksburg
300 South Main Street
Blacksburg, VA 24062-9003

Contractors may also pick-up forms from the Planning & Engineering Department (3rd floor, Town Hall). Town staff will be addressing the New River Valley Homebuilder's Association at the Blacksburg Red Lion Inn, Plantation Road, on September 24, 2003. Please contact the NRVHA for more information.

The Town of Blacksburg will strive to utilize qualified persons or firms within the project area including minority and female owned businesses. The Town of Blacksburg is an equal opportunity employer.

Bonnie B. Preas, CPPO, CPM
Purchasing Manager



Housing Rehabilitation Contractor's
Qualification Statement

Project: _____

All questions must be answered in full. Additional sheets for clarification of answers or additional information may be attached. This statement must be notarized.

1. Name, address, phone number, contractor license #, and **IRS** number (or owner's social security #) of company.

2. Owner, principal officer, date and place organized.

3. General character of work performed.

4. Any work awarded failed to be completed or contracts defaulted on -where and why.

5. List of three most important recent contracts over \$10,000. State the owner, work, approximate cost, place, date started and date completed.

1. _____ \$ _____
_____ From _____ To _____
2. _____ \$ _____
_____ From _____ To _____
3. _____ \$ _____
_____ From _____ To _____



6. List the contracts upon which you are currently working. Include owner, location, approximate cost, and estimated date of completion.



7. List of three material suppliers and amount of credit available.
- | | | |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
| 3. | _____ | \$ _____ |
8. Bank references and credit available
- | | | |
|----|-------|----------|
| 1. | _____ | \$ _____ |
| 2. | _____ | \$ _____ |
9. Insurance coverage and amount.
- | | | |
|---------------------------|---------|----------|
| Liability-Property: | _____ | \$ _____ |
| Liability-Personal Injury | _____ | \$ _____ |
| Vehicle and Equipment: | _____ | \$ _____ |
| Other: | _____ : | \$ _____ |
- (Identify)
10. Subcontractors utilized - List name, address, specialty, subcontractors license # and years of experience.
- | | | |
|----|------------------|---------------------------|
| 1. | Name: _____ | |
| | Address: _____ | |
| | Specialty: _____ | |
| | License # _____ | Years of Experience _____ |
| 2. | Name: _____ | |
| | Address: _____ | |
| | Specialty: _____ | |
| | License # _____ | Years of Experience _____ |
| 3. | Name: _____ | |
| | Address: _____ | |
| | Specialty: _____ | |
| | License # _____ | Years of Experience _____ |
11. Provide a general description of the experience of the company and its key personnel.
12. Number of current full-time employees _____
Number employed at highest level in past twelve months _____
13. Are you on any list of debarred contractors maintained by the U.S. Department of Labor, U.S. Department of Housing and Urban Development, or Virginia Department of Highways?
_____ YES _____ NO



The undersigned hereby authorizes and request any person, firm or Corporation to furnish any information requested by _____ in verification of the recitals comprising this statement of contractor's qualifications.

Contractor: _____

By: _____

Title: _____

Date: _____

STATE OF _____

COUNTY OF _____

_____, being duly sworn deposes and says that he/she is
_____ of _____ and that the answers
to the foregoing questions and all statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF
_____, 2003.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____, 20____



EMPLOYEE TRAINING RECORD
LEAD BASED PAINT-RELATED WORK

CONTRACTOR _____
DATE: _____

NAME	TRAINING LEVEL

Training Levels: IN = Initial, RF = Refresher

LS	Licensed Supervisor
4-Day	Equivalent to EPA Supervisor, no license
LW	Licensed Worker
3-Day	Equivalent to EPA Worker, no license
2-Day	Equivalent to brief DPA Worker
OSHA	Basic OSHA training, including respirator rules
1-Day	HUD LBP Training “Addressing LBP Hazards During Renovation, Remodeling and Rehabilitation in Federally Owned and Assisted Housing” (<i>Lead Safe Work Practices</i>)

***All Contractors, subcontractors, and workers must have, at minimum, the Lead Safe Work Practices training to perform DHCD projects for housing rehabilitation consisting of interim controls.

